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AUTHOR Miller, Michael D.; Ottinger, Donald R.
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ABSTRACT

In an attempt to determine the variables that best predict HOME (Home Observation for Measurement of the Environment) scores, a measure for identifying young at-risk children, 52 mothers of infants completed questionnaires based on HOME. Clinical observation of mother-child interaction was also performed. The questionnaire was found to be significantly correlated with the HOME but the observational assessments were not found to increase the predictive ability of the questionnaires (HEQs-Home Evaluation Questionnaires). Analysis of HEQ's predictive ability revealed that HEQ added significantly to the amount of HOME variance predicted by status variables alone. Further, the HEQ was able to discriminate between low and high HOME scores among the 52 families, most particularly among families suspected to be at risk due to mother's educational attainment or family's social status level. HEQ's advantages in terms of ease of administration were noted. (Sample HEQ and HOME forms are appended.) (CL)

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Examination of the Efficacy of a Mother-Completed Questionnaire Form of the Home Observation for Measurement of the Environment (HOME) Inventory

Paper Presented at the Meeting of the
Midwestern Psychological Association
May 1983

Michael D. Miller
Donald R. Ottinger

Purdue University

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INTRODUCTION

Researchers and clinicians have long searched for means of identifying children with potential or present disabilites in learning or development. The disappointingly small proportion of children thought to be in need of mental health services who are actually receiving help suggests that these efforts may not have been very successful. As Parmelee observed, "the manpower required for intervention programs with the truly handicapped infant is critically diluted by our inability to precisely identify these children." For the purposes of this paper, "high risk" is defined as a high probability of later behavioral or developmental complications.

Recent research has stressed the importance of the child's home environment on its later development and achievement. This is especially true of the home-bound infant. The proliferation of studies in the literature relating socio-economic status (or SES) to various maternal or child behaviors attests to its popularity as a quick and easily obtainable classification scheme while providing strong evidence for its efficacy. In attempting to predict children's intelligence test scores, most studies have found SES to be significantly correlated with scores on the Stanford-Binet or Wechsler Scales. But these only moderate correlations still leave 80-90% of the variance unexplained. SES is too gross of a measure to yield significant information about the child's day-to-day environmental influences.

What is needed is an early warning system, an instrument that correctly identifies--at an early age--children at risk for developmental or learning disorders. The instrument must not only identify the child or family, but must also identify the specific qualities lacking so as to effectivly direct intervention efforts toward remediation.

In 1966, Bettye Caldwell and her associates introduced the Inventory of Home Stimulation, an instrument designed to screen for "cultural-familial retardation." Now referred to as the HOME, Home Observation for Measurement of the Environment," the HOME is a 45-item instrument designed to measure the quality and quantity of the social, emotional, and cognitive support available to the child within his home.

The subscales of the HOME are shown on the handout. The inventory is administered in the child's home in an interview format by trained interviewers. Two-thirds of the items are based on observation and the procedure usually lasts about an hour.

Reliability and validity are acceptable. The HOME inventory generally has been shown to be better than SES variables or infant scales in predicting present or future intelligence test scores or school performance. True to its intent, the HOME has been found to be most effective in predicting IQ and development in LOW income families, but NOT very effective for middle or upper SES families who tend to "ceiling out."

The HOME inventory's value as a research tool is well substantiated. The goal of the present paper was to translate this instrument into a clinically practical and useful screening device. This paper

represents our initial step in this direction. A parent answered questionnaire format was adopted and supplemented with experimenters' observations, socio-economic status, and mother's educational achievement. The goal was to determine which variables best predict HOME scores.

METHOD

Fifty-two mother infant pairs were randomly selected from the practices of eight pediatricians and the Visiting Nurse program. The children ranged in age from 6 to 36 months with a mean of about 22 months and all were in good health. All the mothers were primary caregivers for their children and all but six were married and living with their husbands. The mothers ranged in age from 15 to 42 years with a mean of 28. Educational achievement ranged from elementary school to graduate degree, but 88% had at least a high school diploma.

There were three instruments used. First was the HOME itself. Second, 39 of the HOME's 45 items were converted to an objective written format to form the Home Evaluation Questionnaire, called the HEQ. Nine of these HEQ items were adjudged to be of dubious fit to the original HOME items. Consequently, these nine items already asked on the HEQ were duplicated by observational assessment. These nine duplicated items were combined with the six HOME items not covered on the HEQ to form a third instrument--the clinical observation--to be conducted while the mother completed the HEQ with her child in the pediatrician's waiting room.

The HOME inventory was conducted in the child's home by one of four experimenters, previously trained to a minimum .85 reliability. A different experimentor administered the HEQ either in the pediatrician's waiting room, or in the child's home as part of the nurse's regular visit. Mothers who completed the HEQ in the doctor's office were also assessed on the observational items at that time. All dyads were administered the two instruments (HOME and HEQ) by two different experimentors, both blind to the results of the other, counterbalanced for order, and separated by an average of 4 to 7 days.

RESULTS AND DISCUSSION

In brief, the HEQ was found to be significantly correlated with the HOME to the .001 level. However, contrary to expectation, the observational assessments from the doctor's office were not found to increase the predictive ability of the HEQ. Thus, only the HEQ questionnaire scores alone, without beneift of observational items, will be discussed in this report. Also, there was no demonstrated difference in HOME-HEQ correlations between males and females. Thus, data analysis will be collapsed across sex.

To test HEQ's predictive ability relative to that of SES and maternal education, stepwise regression analyses were performed. Together, HEQ, SES, and education predicted 58% of HOME variance. HEQ alone accounted for 49% of HOME variance. Adding either SES or education to the equation significantly enhanced predictability. Once SES or education was entered into the equation after HEQ, the other did not add significantly to the HOME variance predicted by

the first two. Statistically then, SES and education were found to be redundant in prediction of HOME scores after HEQ was already in the equation. When SES and education were entered first into the equation, HEQ still added a significant 19.5% of additional predictability. Thus, HEQ was found to add significantly to the amount of HOME variance predicted by status variables alone.

In consideration of the fact that the HOME is designed for, and is most useful in a lower income population, these subjects were selected for closer analysis in the present study. Like the HOME itself, the HEQ was found to be a better predictor of criterion variance among this population.

Overall, the HEQ correctly identified 83.5% of those with low HOME scores. Unfortunately, 50% of identified positives were false positives. If we use a successive hurdles approach, if we consider only those families who either are in the lower SES levels, or who have mothers with no more than a high school diploma, predictability improves. Within these groups, the HEQ still correctly identified 83% of the families with low HOME scores, but the percentage of false positives dropped to about 33%.

Wiggins suggests that a better method of analyzing a predictive instrument is to calculate its discriminative efficiency using a phi coefficient. By this method, use of the HEQ for the entire sample results in a 20% increase in discriminative efficiency over random assignment.

If we again use a successive hurdles approach, and only consider subjects in the lower levels of SES, HEQ results in a 43% increase

in discriminative efficiency over random assignment. Using the HEQ in families where the mothers had a 12th grade education or less, the HEQ resulted in a 91% improvement over random assignment.

In conclusion, the data have consistently shown that:

ONE: HEQ is highly correlated with HOME

TWO: HEQ is better than status variables alone in predicting HOME scores

THREE: the HEQ is not significantly improved by the addition of observational items, and

FOUR: the HEQ was able to discriminate between low and high HOME scores among the total sample of 52 families, and most particularly among the families suspected to be at risk by virtue of mother's educational attainment or family's social status level.

The HOME inventory stands as a well-developed research instrument. In its present form, however, it is prohibitively time-consuming for clinical use. The present research sought to accomplish the same goal as the HOME--i.e., screen for deficient home environments--but by converting the HOME into a parent-answered questionnaire that would be more practical to administer in a clinical setting.

It was found that the HEQ did satisfactorily predict low HOME scores, especially when used as a part of a successive hurdles approach to screening the families. If these results are replicated in future studies, it would be recommended that families meeting either or both of the SES or maternal education criteria be first administered the HEQ. Families scoring near or below the cut-off score on the HEQ would be indicated for further investigation with the actual HOME inventory

Examination of the Efficacy of a mother-completed questionnaire form of the Home Observation for Measurement of the Environment (HOME) inventory.

--Michael D. Miller & Donald R. Ottinger, Purdue University*

Caldwell's H.O.M.E. inventory was converted to a questionnaire form and administered to the mothers of 52 infants and toddlers. This Home Evaluation Questionnaire (HEQ) was found to be an effective predictor of high risk homes, especially when paired with low SES or low maternal education, thereby enhancing the clinical utility of the HOME inventory.

Three Instruments Used

1. H.O.M.E. inventory
2. Home Evaluation Questionnaire (HEQ)
   39 HOME items converted to objective, written format
3. Clinical Observation--total 15 items
   9 HOME items duplicated on the HEQ
   6 HOME items not on the HEQ

H.O.M.E. Subscales

1. Emotional and Verbal Responsivity of the Mother
2. Avoidance of Restriction and Punishment
3. Organization of the Environment
4. Provision of Appropriate Play Materials
5. Maternal Involvement with the Child
6. Opportunities for Variety in Daily Stimulation

Correlations (all $p < .001$)

	HOME	HEQ	SES
HEQ	.70		
SES	.58	.47	
EDUC	.58	.47	.71

Subjects

n = 52 mother-infant pairs

Children: X age = 22 months

Mothers: X age = 28 years

88% were h.s. graduates

HIT RATE TABLES

(entire sample)

HOME \ HEQ	not at risk X > 26.5	at risk X < 26.5
at risk X < 30.5	1 (.014)	5 (.046)
not at risk X > 30.5	41 (.788)	5 (.046)

[20% increase in discriminative efficiency over random assignment]

(families in lower 3 SES levels)

HOME \ HEQ	not at risk X > 26.5	at risk X < 26.5
at risk X < 30.5	1 (.042)	5 (.208)
not at risk X > 30.5	15 (.625)	3 (.125)

[43% increase in discriminative efficiency over random assignment]

Correlations (all $p < .001$)

	HOME	HEQ	SES
HEQ	.70		
SES	.58	.47	
EDUC	.58	.47	.71

Subjects

n = 52 mother-infant pairs

Children: X age = 22 months
Mothers: X age = 28 years
88% were h.s. graduates

HIT RATE TABLES

(entire sample)

HOME \ $\overline{\text{HEQ}}$	not at risk X > 26.5	at risk X < 26.5
at risk X < 30.5	1 (.019)	5 (.096)
not at risk X > 30.5	41 (.788)	5 (.096)

[20% increase in discriminative efficiency over random assignment]

(families in lower 3 SES levels)

HOME \ $\overline{\text{HEQ}}$	not at risk X > 26.5	at risk X < 26.5
at risk X < 30.5	1 (.042)	5 (.208)
not at risk X > 30.5	15 (.625)	3 (.125)

[43% increase in discriminative efficiency over random assignment]

(families where mother had a h.s. educ. or less)

HOME \ $\overline{\text{HEQ}}$	not at risk X > 26.5	at risk X < 26.5
at risk X < 30.5	1 (.055)	5 (.278)
not at risk X > 30.5	10 (.555)	2 (.111)

[91% increase in discriminative efficiency over random assignment]

For a pre-publication copy (in preparation) of this paper, write to the authors at Purdue University, Dept. of Psychological Sciences, West Lafayette, IN 47907. After 8/1/83, the first author will be at the University of Oklahoma Health Sciences Center, Dept of Psychiatry and Behavioral Sciences, P.O. Box 26901, Oklahoma City, Oklahoma 73190.

HOME EVALUATION QUESTIONNAIRE

Child's Name _____ Birthdate _____

Person Filling Out This Form: Mother Other _____

Today's Date _____

Please check the one best answer. You may make comments in the right margin if you wish.

COMMENTS

1. Which statement best describes your child?

   a)____harder than average to take care of

   b)____about average to take care of

   c)____easier than average to take care of

2. When others compliment or praise my child,

   a)____I usually feel embarrassed or uncomfortable

   b)____I usually feel proud or happy

3. When you are busy around the house, do you prefer to

   a)____talk with your child about her activities or yours

   b)____concentrate on getting your work done while she plays quietly by herself

   c)____does not apply. She's seldom around when I do my work.

4. Under what circumstances do you like to "keep track" of your child?

   a)____as long as she is somewhere in the house

   b)____as long as she is somewhere in the yard

   c)____only if I can check on her every 15 minutes or so

5. What situations in or near your home cause you to worry about your child when she is playing?

   _____

   _____How do you try to make it safe for her? _____

6. When you need someone to care for your child when you go away, how many regular sitters are you able to choose from?

   a)____1-3 b)____4-6 c)____more than 6

COMMENTS

7. How often does someone read stories to your child?

a)____haven't started yet

b)____1-2 times per week

c)____3-7 times per week

d)____more than 7 times per week

8. How often do you kiss or hug your child?

a)____seldom, she's getting too old for that

b)____maybe 1-3 times per day

c)____more than 3 times per day

9. How often does your husband or partner help out with your child's care?

a)____at least 10 minutes every day

b)____once every two or three days

c)____seldom or never

d)____does not apply; I'm a single parent

10. How often does your child eat a meal (or at least sit at the table) with you and your husband or partner?

a)____does not apply: I'm a single parent

b)____every day

c)____every 2-4 days

d)____seldom or never

11. How often does your child get taken to a grocery store?

a)____1 or more times per week b)____2-3 times per month

c)____once per month d)____seldom or never

12. How often does your child visit or receive visits from relatives?

a)____1 or more times per week b)____1-3 times per month

c)____several times per year d)____once a year or less

13. How often does your child get out of the house (to play outdoors or to go somewhere)?

a)____seldom or never b)____1-3 times per week

c)____4 or more times per week

14. When do you plan to bring your child in for her next regular doctor checkup?

a)____in six months b)____in one year

c)____in 18 months d)____at school age

COMMENTS

15. Which is more true of your child?

a)____usually I have to yell to get her to mind me

b)____usually she will mind me without being yelled at

16. Do you usually find it necessary to slap or spank your child when visitors are in your home or when you are visiting others?

a)____no b)____yes

17. Do you usually find it necessary to scold or criticize your child when visitors are in your home or when you are visiting others?

a)____yes b)____no

18. How often do you find it necessary to restrict your child's activities? (for example, pull her off the furniture, take something out of her hand or mouth)

a)____quite often, she's an active child

b)____seldom

19. In thinking back over the past week, how many times have you had to slap her hands or spank her bottom?

a)____none or once b)____2-5 times c)____more than 5 times

20. Do you occasionally let your child play with sand, mud, water, or fingerpaints?

a)____no b)____yes

21. How do you decide what toys to make or buy for your child? That is, what are your most frequent guidelines?

a)____something I like

b)____something I noticed she likes

c)____something to help her learn new skills

22. On a day-to-day basis, how does your child usually get started playing with her toys?

a)____I help her get started

b)____I let her start playing by herself

c)____other (explain) _____

23. How does she learn to play with a new and/or difficult toy?

a)____I let her figure it out on her own

b)____I show her how it works and get her started

24. What things are you helping your child to learn at this age? _____

_____

COMMENTS

25. Does your child have any particular place where she can keep her toys or "treasures?"--where she can get them and return them by herself?

a)____special box, drawer

b)____special closet, playroom

c)____no special place

d)____I prefer to get her toys and return them to their proper place.

26. Did you bring something along for your child to play with while waiting for the doctor?

a)____yes. What? _____

b)____no, I thought the doctor would have something she could play with.

c)____no, she will wait quietly without needing anything to play with.

27. Does your family have a pet?

a)____no b)____yes

28. How many books does your child have?

a)____none b)____1-2 c)____3-8 d)____9 or more

29. Please estimate the number of books in your home, not counting children's books.

a)____none b)____1-9 c)____10 or more

30. Please check the toys, household objects, or equipment your child has available to play with: (for example, if your family owns a record player, but your child is not allowed to use it without help, you would not check that item. If the child's brother owns a ball, but she is allowed to use it, you would put a ✓ next to BALL.

A)____BALL

B)____BEADS TO STRING

C)____BLOCKS OR OBJECTS TO STACK

D)____BOOKS

E)____BUILDING TOYS (TINKER TOYS, LINCOLN LOGS, LEGOS)

F)____CHILDREN'S TABLE & CHAIRS

G)____CRIB GYM OR BUSY BOX

H)____DOLL OR STUFFED ANIMAL

I)____DRESS-UP CLOTHES OR TOYS

J)____FIT-TOGETHER TOYS (SHAPE PUZZLES, POP-TOGETHER BEADS)

K)____GYM EQUIPMENT (SLIDE, SWING)

L)____MUSICAL TOYS, RECORDS, RADIO

M)____PLAYPEN, HIGHCHAIR

N)____PULL TOY

O)____PUSH TOY (CORNPOPPER, TOY LAWNMOWER)

P)____ROCKING HORSE

Q)____SOMETHING CHILD CAN RIDE ON (WAGON, STROLLER, KIDDIE CAR, TRICYCLE)

R)____TOYS OR OBJECTS TO GO IN AND OUT OF BOXES, CANS, ETC.

31. Is there anything else you would like to tell us to help us understand your child better?

_____

HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT (BIRTH TO THREE YEARS)

date _____

Subject No. _____

Child's Name _____

Person Observed: M F O

Child's Sex: male___ female___

Major Caregiver? Y N

Child's Age: _____mos.

Observer:

	YES	NO
I. EMOTIONAL AND VERBAL RESPONSIVITY OF MOTHER		
1. MOTHER SPONTANEOUSLY VOCALIZES TO CHILD AT LEAST TWICE DURING VISIT (EXCLUDING SCOLDING).		
2. MOTHER RESPONDS TO CHILD'S VOCALIZATIONS WITH VERBAL RESPONSE.		
3. MOTHER TELLS CHILD THE NAME OF SOME OBJECT DURING VISIT OR SAYS NAME OF PERSON OR OBJECT IN A "TEACHING STYLE."		
4. MOTHER'S SPEECH IS DISTINCT, CLEAR AND AUDIBLE.		
5. MOTHER INITIATES VERBAL INTERCHANGES WITH OBSERVER—ASKS QUESTIONS, MAKES SPONTANEOUS COMMENTS.		
6. MOTHER EXPRESSES IDEAS FREELY AND EASILY AND USES STATEMENTS OF APPROPRIATE LENGTH FOR CONVERSATIONS (E.G. GIVES MORE THAN BRIEF ANSWERS).		
*7. MOTHER PERMITS CHILD OCCASIONALLY TO ENGAGE IN "MESSY" TYPES OF PLAY.		
8. MOTHER SPONTANEOUSLY PRAISES THE CHILD'S QUALITIES OR BEHAVIOR TWICE DURING VISIT.		
9. WHEN SPEAKING OF OR TO CHILD, MOTHER'S VOICE CONVEYS POSITIVE FEELING.		
10. MOTHER CARESSES OR KISSES CHILD AT LEAST ONCE DURING VISIT.		
11. MOTHER SHOWS SOME POSITIVE EMOTIONAL RESPONSES TO PRAISE OF CHILD OFFERED BY VISITOR.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		
II. AVOIDANCE OF RESTRICTION AND PUNISHMENT		
12. MOTHER DOES NOT SHOUT AT CHILD DURING VISIT.		
13. MOTHER DOES NOT EXPRESS OVERT ANNOYANCE WITH OR HOSTILITY TOWARD CHILD.		
14. MOTHER NEITHER SLAPS NOR SPANKS CHILD DURING VISIT.		
*15. MOTHER REPORTS THAT NO MORE THAN ONE INSTANCE OF PHYSICAL PUNISHMENT OCCURRED DURING THE PAST WEEK.		
16. MOTHER DOES NOT SCOLD OR DEROGATE CHILD DURING VISIT.		
17. MOTHER DOES NOT INTERFERE WITH CHILD'S ACTIONS OR RESTRICT CHILD'S MOVEMENTS MORE THAN 3 TIMES DURING MY VISIT.		
18. AT LEAST TEN BOOKS ARE PRESENT AND VISIBLE.		
*19. FAMILY HAS A PET.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		
III. ORGANIZATION OF ENVIRONMENT		
20. WHEN MOTHER IS AWAY, CARE IS PROVIDED BY ONE OF THREE REGULAR SUBSTITUTES.		
21. SOMEONE TAKES CHILD INTO GROCERY STORE AT LEAST ONCE A WEEK.		
22. CHILD GETS OUT OF HOUSE AT LEAST FOUR TIMES A WEEK.		
23. CHILD IS TAKEN REGULARLY TO DOCTOR'S OFFICE OR CLINIC.		
*24. CHILD HAS A SPECIAL PLACE IN WHICH TO KEEP HIS TOYS AND "TREASURES."		

	YES	NO
25. CHILD'S PLAY ENVIRONMENT APPEARS SAFE AND FREE OF HAZARDS.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		
IV. PROVISION OF APPROPRIATE PLAY MATERIAL		
26. CHILD HAS SOME MUSCLE ACTIVITY TOYS OR EQUIPMENT.		
27. CHILD HAS PUSH OR PULL TOY.		
28. CHILD HAS STROLLER OR WALKER, KIDDIE CAR, SCOOTER, OR TRICYCLE.		
29. MOTHER PROVIDES TOYS OR INTERESTING ACTIVITIES FOR CHILD DURING INTERVIEW.		
30. PROVIDES LEARNING EQUIPMENT APPROPRIATE TO AGE—CUDDLY TOY OR ROLE PLAYING TOYS.		
31. PROVIDES LEARNING EQUIPMENT APPROPRIATE TO AGE—MOBILE, TABLE AND CHAIRS, HIGH CHAIR, PLAY PEN.		
32. PROVIDES EYE-HAND COORDINATION TOYS—ITEMS TO GO IN AND OUT OF RECEPTACLE, FIT TOGETHER TOYS, BEADS.		
33. PROVIDES EYE-HAND COORDINATION TOYS THAT PERMIT COMBINATIONS—STACKING OR NESTING TOYS, BLOCKS OR BUILDING TOYS.		
34. PROVIDES TOYS FOR LITERATURE AND MUSIC.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		
V. MATERNAL INVOLVEMENT WITH CHILD		
35. MOTHER TENDS TO KEEP CHILD WITHIN VISUAL RANGE AND TO LOOK AT HIM OFTEN.		
36. MOTHER "TALKS" TO CHILD WHILE DOING HER WORK.		
37. MOTHER CONSCIOUSLY ENCOURAGES DEVELOPMENTAL ADVANCE.		
38. MOTHER INVESTS "MATURING TOYS" WITH VALUE VIA HER ATTENTION.		
39. MOTHER STRUCTURES CHILD'S PLAY PERIODS.		
40. MOTHER PROVIDES TOYS THAT CHALLENGE CHILD TO DEVELOP NEW SKILLS.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		
VI. OPPORTUNITIES FOR VARIETY IN DAILY STIMULATION		
41. FATHER PROVIDES SOME CARETAKING EVERY DAY.		
42. MOTHER READS STORIES AT LEAST THREE TIMES WEEKLY.		
43. CHILD EATS AT LEAST ONE MEAL PER DAY WITH MOTHER AND FATHER.		
44. FAMILY VISITS OR RECEIVES VISITS FROM RELATIVES (APPROX. ONCE A MONTH).		
45. CHILD HAS THREE OR MORE BOOKS OF HIS OWN.		
SUBSCALE TOTAL (NO. OF YES ANSWERS)		

*ITEMS WHICH MAY REQUIRE DIRECT QUESTIONS.

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Converting the HEQ to the HOME

HEQ	CREDIT	HOME
1	b,c	13
2	b	11
3	a	36
4	c	35
5	judgment	25
6	a	20
7	c,d	42
8	c	10
9	a	41
10	b	43
11	a	21
12	a,b	44
13	c	22
14	a,b	23
15	b	12
16	a	14
17	b	16
18	b	17
19	a	15
20	b	7
21	c	40
22	a (c)	39
23	b	38
24	judgment	37
25	a,b	24
26	a	29
27	b	19
28	c,d	45
29	c	18
30	*	26-28,30-34
31	anything	5
	2 positive descriptors	8

*Credit: #26: G,A,P,K, or Q #27: N or O
#28: Q #30: H or I
#31: F or M #32: B, J, or R
#33: C or E #34: D and L

HOME items not covered in HEQ: 1, 2, 3, 4, 6, 9.-----Clinical Observation

HOME items covered in (HEQ), duplicated in C. O.: 5 (31), 10 (8), 11 (2), 12 (15), 14 (16), 16 (17), 17 (18), 29 (18), 35 (4).

Possible score on HEQ---39 [#30=8 pts, #31=2 pts]
Possible score on C.O.-- 6 + 9

45

FAMILY INFORMATION FORM

Child's Name _____ Birthdate _____

Name of person filling out this form _____

Relationship to child: mother father guardian foster parent
other _____

Address _____

_____

Home Phone _____

****

Child Information

1. Were there any problems or complications during your pregnancy with this child? (please circle one)
NO YES (if yes, please explain briefly what they were)

2. Were there any problems during the delivery or birth of this child?
NO YES (if yes, please explain)

3. Was this child premature? NO YES If yes, how many weeks? _____

4. Has this child ever spent more than 2 days in a hospital intensive care unit?
NO YES (if yes, please explain)

Family Information (current family responsible for child)

5. Father's name _____ Age _____

Mother's name _____ Age _____

6. Please check the one most correct description. If married more than once, consider only the most recent marriage.

a)____I am married and live with my spouse.

b)____I am married, but separated from my spouse.

c)____I am divorced from my spouse.

d)____I am widowed.

e)____I never married.

7. Please check the correct description(s). You may check more than one.

a)____I am gainfully employed.

b)____My spouse is gainfully employed.

c)____I am not employed, but live on the income from my deceased spouse's estate.

d)____I receive support payments from my separated or divorced spouse.

e)____My primary source of support is from welfare.

8. Please check your highest level of education completed.

a)____less than 7th grade

b)____7th grade to 9th grade

c)____partial high school (10th or 11th grade)

d)____high school graduate

e)____partial college or specialized training (at least one year)

f)____standard college or university graduate

g)____graduate professional training (graduate degree)

9. Please state your occupation. Be as specific and descriptive as possible. (If you own a business or farm, please try to estimate its approximate value.)

_____

_____

10. Please check your spouse's highest level of education completed.

a)___less than 7th grade

b)___7th grade to 9th grade

c)___partial high school (10th or 11th grade)

d)___high school graduate

e)___partial college or specialized training (at least one year)

f)___standard college or university graduate

g)___graduate professional training (graduate degree)

11. Please state your spouse's occupation. Be as specific and descriptive as possible. (If your spouse owns a business or farm, please try to estimate its approximate value.)

_____

_____

12. Is either parent a step or adoptive parent? _____

13. Please list all children in the family (living or deceased).

NAME	AGE	SCHOOL GRADE OR OCCUPATION

Others in home (age and relationship)

_____

_____

Thank you.